

**Maine  
Revenue Services**

PO Box 9116  
Augusta, Maine 04332-9116

**Tax and Rent Refund Application**

**2004**

*Do not use red ink. Use blue or black ink.*



\*0403700\*

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**IMPORTANT!**

You **must** enter your SSN(s) and date(s) of birth below.

Your Social Security Number

Your Date of Birth

Spouse's Social Security Number

Spouse's Date of Birth

Your Telephone Number

Your First Name	MI	Your Last Name
Spouse's First Name	MI	Spouse's Last Name
Mailing Address (PO Box, number, street and apt. no.)		
City	State	Zip Code

If applicant named above died during 2003 or 2004,  
enter date of death: ..... → (Month) - (Day) - (Year)

If spouse died during 2003 or 2004,  
enter date of death: ..... → (Month) - (Day) - (Year)

**BE SURE TO ANSWER "Yes" or "No" to each question.**

**YOUR REFUND WILL BE DELAYED IF YOUR APPLICATION IS NOT COMPLETE.**

**Yes No**

- 1a.** Do you receive any federal disability payments such as social security disability benefits or supplemental security income disability benefits? ..... 1a. ☐ Yes ☐ No
- 1b.** Does your spouse receive any federal disability payments such as social security disability benefits or supplemental security income disability benefits? ..... 1b. ☐ Yes ☐ No
- 1c.** Were you a Maine resident for all of 2003? ..... 1c. ☐ Yes ☐ No
- 1d.** Did you have a home or apartment in Maine for all of 2003 and live in your home or apartment for at least 6 months of 2003? ..... 1d. ☐ Yes ☐ No

**2.** Physical location of property where you lived during 2003 (if different from Mailing Address above): .....

If you paid rent in 2003, list your landlord's name and telephone number: .....

**3. Dependents. How many dependents do you have (DO NOT INCLUDE YOU OR YOUR SPOUSE)?** ..... ☐

List your dependents below. If you have more than 2 dependents, list them on a separate sheet of paper.

Dependent's First Name ..... Dependent's Social Security Number .....

Dependent's Last Name ..... Dependent's Date of Birth .....

**3a.** Does this dependent receive any federal disability payments such as social security disability benefits or Supplemental security income disability benefits? ..... ☐ Yes ☐ No

Dependent's First Name ..... Dependent's Social Security Number .....

Dependent's Last Name ..... Dependent's Date of Birth .....

**3b.** Does this dependent receive any federal disability payments such as social security disability benefits or Supplemental security income disability benefits? ..... ☐ Yes ☐ No

**4. Enter property tax assessed on your home in 2003** (See instructions on pages 4 and 5) ..... **4.\$** ..... , ..... .

(If your property tax bill is more than \$1,800, attach the copy of the tax bill that has your name on it.)

**a.** Did you rent part of your home to others or use part of it for a business? ..... **4a.** ☐ Yes ☐ No

**b.** Was your home on a rented lot? ..... **4b.** ☐ Yes ☐ No

**5. Enter total rent you paid on your home or lot in 2003** (Do not include mortgage payments) ..... **5.\$** ..... , ..... .

(If your rent is over \$7,200, attach copies of your rent receipts.)

**a.** Does the rent on line 5 include heat? ..... **5a.** ☐ Yes ☐ No

**b.** Was your rent reduced or paid in part by the government? ..... **5b.** ☐ Yes ☐ No



a. Maine adjusted gross income (total for all household members. *See* instructions) ..... 6a.\$  ,  .   
**Note: If you have not filed a 2003 Maine income tax return, leave this line blank and go to line 6b.**

b. Additional income (from schedule below) ..... 6b.\$  ,  .

c. Add line a and line b ..... 6c.\$  ,  .

d. Rollovers of IRA, pension, or annuities and Property Tax Program Refunds if included on line 6a .. 6d.\$  ,  .   
**(Read instructions on pages 5 and 6 before entering an amount on this line.)**

e. Total household income (subtract line 6d from line 6c) ..... 6e.\$  ,  .

**Column 1**  
For those who **filed** a  
2003 Maine Income  
Tax Return

## Column 2

For those who **did not file** a 2003 Maine Income Tax Return

**Additional Annual Income (Write in yearly income amounts).**

a. Total Salaries, Wages*	a. \$
b. Dividends, Interest - all sources	b. \$
c. <b>Loss Add-Back</b> (see instructions on page 5)	c. \$
d. Social Security, Railroad Retirement, Pensions, Pension Income Deduction, Annuities, Veterans Compensations	d. \$
e. Cash Public Assistance, TANF	e. \$
f. State Supplemental Income ( <b>This is not social security income</b> )	f. \$
g. <b>Any other Income</b> (see page 6 for types of income to list)	g. \$
h. Total (add lines a through g)	h. \$

(Enter total from line h, either column 1 or column 2, on line 6b above.)

\*Enter the total amount of money earned. This is the amount before taxes or other deductions are subtracted.

**7. Direct Deposit Information** — If you want your refund sent directly to your bank account, see instructions on page 6 and fill in the blocks below. **NOTE:** Completing the information below authorizes Maine Revenue Services to disclose your social security number, listed on the front of this form, to your financial institution for the sole purpose of depositing your refund directly into your bank account.

7a. Routing Number:	7b. Account Number:	7c. Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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**8. Third Party Designee (see instructions on page 6):** Do you want to allow another person to discuss this return with Maine Revenue Services? ..... ☐ **Yes** (complete the following). ☐ **No**.

Designee's name: \_\_\_\_\_ Phone number: \_\_\_\_\_ 5-digit Personal identification number: 

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**Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. Applications may be audited either before or after refunds are issued. Refunds may be applied to other outstanding government debts you may owe.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Preparer other than Applicant \_\_\_\_\_ Date \_\_\_\_\_

If you Telefile your application, you will receive a 9-digit confirmation number after you have successfully completed the application process. You must write this number below and **keep this application for your records**. It is proof that you filed an application.

**CONFIRMATION NUMBER:**

**NOTE:** If you **do not** Telefile, leave this information blank and mail this application to Maine Revenue Services in the envelope provided.



Mail your application in the envelope provided.  
Maine Revenue Services, PO Box 9116, Augusta, ME 04332-9116

**Office Use only:** ☐ TB ☐ RR ☐ FR

